

Person Filing: _____
 Mailing Address: _____
 City, State, Zip: _____
 Day/Evening Phone: _____ / _____
 Person Filing is: ☐ SELF (No Attorney) OR ☐ Attorney
 If Attorney, Bar No.: _____ Atty. Phone: _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of _____

Case Number: _____

CONSENT OF PARENT TO NAME CHANGE OF OTHER PARENT AND WAIVER OF NOTICE

Name of Applicant _____
 (Person Requesting Name Change)

REQUIRED INFORMATION FROM PARENT, UNDER OATH OR AFFIRMATION:

1. INFORMATION ABOUT ME:

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____
Month
Day
Year

☐ The applicant and I have at least one child in common.

2. I have read the Application for Name Change and consent to changing the other parent's legal name to new name of:

First	Middle	Last

3. I waive notice of all further proceedings in this matter.

OATH OR AFFIRMATION OF CONSENTING "OTHER PARENT"

The contents of this document are true and correct to the best of my knowledge and belief.

Signature

Date

Sworn to or affirmed before me this date:

My Commission expires

Notary Public or Deputy Clerk